

## CHAPTER 136

AN ACT concerning the designation of stroke centers, supplementing P.L.1971, c.136 (C.26:2H-1 et seq.) and making an appropriation.

**BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

C.26:2H-12.27 Findings, declarations relative to designation of stroke centers.

1. The Legislature finds and declares that:

a. Despite significant advances in diagnosis, treatment and prevention, stroke remains a common disorder; an estimated 700,000 to 750,000 new and recurrent strokes occur each year in this country; and with the aging of the population, the number of persons who have strokes is projected to increase;

b. Although new treatments are available to improve the clinical outcomes of stroke, many acute care hospitals lack the necessary staff and equipment to optimally triage and treat stroke patients, including the provision of optimal, safe and effective emergency care for these patients;

c. Two levels of stroke centers should be established for the treatment of acute stroke. Primary stroke centers should be established in as many acute care hospitals as possible. These centers would evaluate, stabilize and provide emergency care to patients with acute stroke and then, depending on the patient's needs and the center's capabilities, either admit the patient and provide inpatient care or transfer the patient to a comprehensive stroke center. Comprehensive stroke centers should be established in hospitals that meet the criteria set forth in this act, to ensure coverage for all patients throughout the State who require this level of care. These centers would provide complete and specialized care to patients who experience the most complex strokes, which require specialized testing, highly technical procedures and other interventions. Also, these centers would provide education and guidance to affiliated primary stroke centers;

d. There is a public health need for acute care hospitals in this State to establish stroke centers to ensure the rapid triage, diagnostic evaluation and treatment of patients suffering a stroke. This should result in increased survival and a decrease in the disabilities associated with stroke; and

e. Therefore, it is in the best interest of the residents of this State to establish a program to designate stroke centers throughout the State, to provide specific patient care and support services criteria that stroke centers must meet in order to ensure that stroke patients receive safe and effective care, and to provide financial support to acute care hospitals to encourage them to develop stroke centers in all areas of the State.

C.26:2H-12.28 Designation of hospitals as stroke centers.

2. The Commissioner of Health and Senior Services shall designate hospitals that meet the criteria set forth in this act as primary or comprehensive stroke centers.

a. A hospital shall apply to the commissioner for designation and shall demonstrate to the satisfaction of the commissioner that the hospital meets the criteria set forth in section 3 or 4 of this act for a primary or comprehensive stroke center, respectively.

b. The commissioner shall designate as many hospitals as primary stroke centers as apply for the designation, provided that the hospital meets the criteria set forth in section 3 of this act. In addition to the criteria set forth in section 3 of this act, the commissioner is encouraged to take into consideration whether the hospital contracts with carriers that provide coverage through the State Medicaid program, established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), the Children's Health Care Coverage Program, established pursuant to P.L.1997, c.272 (C.30:4I-1 et seq.), and the FamilyCare Health Coverage Program, established pursuant to P.L.2000, c.71 (C.30:4J-1 et seq.).

c. The commissioner shall designate as many hospitals as comprehensive stroke centers as apply for the designation, provided that the hospital meets the criteria set forth in section 4 of this act.

d. The commissioner may suspend or revoke a hospital's designation as a stroke center, after notice

and hearing, if the commissioner determines that the hospital is not in compliance with the requirements of this act.

C.26:2H-12.29 Minimum criteria for primary stroke centers.

3. A hospital designated as a primary stroke center shall, at a minimum, meet the following criteria:

a. With respect to patient care, the hospital shall:

(1) maintain acute stroke team availability to see an emergency department patient within 15 minutes of arrival at the emergency department, 24 hours a day, seven days a week;

(2) maintain written care protocols and standing orders for emergency care of stroke patients;

(3) maintain neurology and emergency department personnel trained in the diagnosis and treatment of acute stroke;

(4) maintain telemetry or critical care beds staffed by physicians and nurses who are trained and experienced in caring for acute stroke patients;

(5) provide for neurosurgical services, including operating room availability either at the hospital or under agreement with a comprehensive stroke center, within two hours, 24 hours a day, seven days a week;

(6) provide acute care rehabilitation services; and

(7) enter into and maintain a written transfer agreement with a comprehensive stroke center so that patients with complex strokes can be transported to the comprehensive center for care when clinically warranted.

b. With respect to support services, the hospital shall:

(1) demonstrate an institutional commitment and support of a stroke center, including having a designated physician stroke center director with special training and experience in caring for patients with stroke;

(2) maintain neuro-imaging services capability, which shall include computerized tomography scanning or magnetic resonance imaging and interpretation of the image, that is available 24 hours a day, seven days a week, within 25 minutes of order entry;

(3) maintain laboratory services capability, which shall include blood testing, electrocardiography and X-ray services that are available 24 hours a day, seven days a week, within 45 minutes of order entry;

(4) develop and maintain outcomes and quality improvement activities, which include a database or registry to track patient outcomes. These data shall include, at a minimum: (a) the number of patients evaluated; (b) the number of patients receiving acute interventional therapy; (c) the amount of time from patient presentation to delivery of acute interventional therapy; (d) patient length of stay; (e) patient functional outcome; and (f) patient morbidity. A primary stroke center may share these data with its affiliated comprehensive stroke center for the purposes of quality improvement and research;

(5) provide annual continuing education on stroke to support and emergency services personnel regarding stroke diagnosis and treatment, which will be the responsibility of the stroke center director;

(6) require the stroke center director to obtain a minimum of eight hours of continuing education on stroke each year; and

(7) demonstrate a continuing commitment to ongoing education to the general public about stroke, which includes conducting at least two programs annually for the general public on the prevention, recognition, diagnosis and treatment of stroke.

C.26:2H-12.30 Minimum criteria for comprehensive stroke centers.

4. A hospital designated as a comprehensive stroke center shall use proven state-of-the-art technology and medical techniques and, at a minimum, meet the criteria set forth in this section.

a. The hospital shall meet all of the criteria required for a primary stroke center pursuant to section 3 of this act.

b. With respect to patient care, the hospital shall:

- (1) maintain a neurosurgical team that is capable of assessing and treating complex stroke and stroke-like syndromes;
  - (2) maintain on staff a neuro-radiologist with Certificate of Added Qualifications and a physician with neuro-interventional angiographic training and skills;
  - (3) provide comprehensive rehabilitation services either on site or by transfer agreement with another health care facility; and
  - (4) enter into and maintain written transfer agreements with primary stroke centers to accept transfer of patients with complex strokes when clinically warranted.
- c. With respect to support services, the hospital shall:
- (1) have magnetic resonance imaging and computed tomography angiography capabilities;
  - (2) have digital subtraction angiography and a suite equipped for neuro-interventional procedures;
  - (3) develop and maintain sophisticated outcomes assessment and performance improvement capability that incorporates data from affiliated primary stroke centers and integrates regional, State and national data;
  - (4) provide guidance and continuing medical education to primary stroke centers;
  - (5) provide graduate medical education in stroke; and
  - (6) conduct research on stroke-related topics.
- d. If the Commissioner of Health and Senior Services determines that a new drug, device, technique or technology has become available for the treatment of stroke that provides a diagnostic or therapeutic advantage over existing elements included in the criteria established in this section or in section 3 of this act, the commissioner may, by regulation, revise or update the criteria accordingly.

#### C.26:2H-12.31 Awarding of matching grants to designated stroke centers.

5. a. In order to encourage and ensure the establishment of stroke centers throughout the State, the Commissioner of Health and Senior Services shall award matching grants to hospitals that seek designation as stroke centers and demonstrate a need for financial assistance to develop the necessary infrastructure, including personnel and equipment, in order to satisfy the criteria for designation provided pursuant to this act. The matching grants shall not exceed \$250,000 or 50% of the hospital's cost for developing the necessary infrastructure, whichever is less.

b. A hospital seeking designation as a stroke center shall apply to the commissioner for a matching grant, in a manner and on a form required by the commissioner, and provide such information as the commissioner deems necessary to determine if the hospital is eligible for the grant.

c. The commissioner may provide matching grants to as many hospitals as the commissioner deems appropriate, except that:

(1) Matching grant awards shall be made to at least two applicant hospitals in the northern region of this State (comprising Bergen, Hudson, Essex, Passaic, Morris, Sussex, and Warren counties), at least two applicant hospitals in the central region of this State (comprising Union, Somerset, Hunterdon, Mercer, Middlesex, and Monmouth counties) and at least two applicant hospitals in the southern region of this State (comprising Burlington, Camden, Gloucester, Salem, Cumberland, Cape May, Atlantic, and Ocean counties), provided in the case of each region that the applicant hospitals receiving the awards must be eligible therefor under the provisions of this act; and

(2) No more than 20% of the funds appropriated pursuant to this act shall be allocated to hospitals that seek designation as comprehensive stroke centers.

#### C.26:2H-12.32 Report to Governor, Legislature.

6. The Commissioner of Health and Senior Services shall, not later than September 1, 2005, prepare and submit to the Governor, the President of the Senate, and the Speaker of the General Assembly a report indicating, as of June 30, 2005, the total number of hospitals that shall have applied for grants under section 5 of this act and the number of those applicants that shall have been found to be eligible for such grants, the total number of grants awarded, the name and address of each grantee

hospital and the amount of the award to each, and the amount of each award that shall have been paid to the grantee.

7. The Commissioner of Health and Senior Services shall adopt regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to carry out the purposes of this act.

8. There is appropriated \$3,000,000 from the General Fund to the Department of Health and Senior Services for the purpose of awarding grants to acute care hospitals in the State to establish stroke centers.

9. This act shall take effect on the 60th day after the date of enactment.

Approved September 1, 2004.